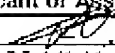


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/525,097</td> </tr> <tr> <td>Filing Date</td> <td>February 16, 2006</td> </tr> <tr> <td>First Named Inventor</td> <td>Nabil Abu Nassar</td> </tr> <tr> <td>Art Unit</td> <td>2811</td> </tr> <tr> <td>Examiner Name</td> <td>-</td> </tr> <tr> <td>Attorney Docket Number</td> <td></td> </tr> </table>	Application Number	10/525,097	Filing Date	February 16, 2006	First Named Inventor	Nabil Abu Nassar	Art Unit	2811	Examiner Name	-	Attorney Docket Number	
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Art Unit	2811												
Examiner Name	-												
Attorney Docket Number													

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <u>27317</u>	
<input type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> The address associated with Customer Number: <u>27317</u> </div> OR	
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SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Nabil Abu Nassar
Date	11 December 2006 Telephone +972+3+5163962
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>	
<input type="checkbox"/> Total of _____ forms are submitted.	

A\95\0\3

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